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VERMONT

***Economic Advancement Tax Incentives
Employment Report for Expired Authorizations***

PRINT in BLUE or BLACK INK

- Form BA-405 must be filed with the Vermont Business, Corporate, or Individual Income Tax Return for 6 years following the end of the EATI authorization period. For example, if VEPC authorized an award from January 1, 2000 through December 31, 2004, Form BA-405 must be filed with all tax returns from 2005 through 2010.
- Send a duplicate of this form to: Vermont Economic Progress Council, National Life Building, Drawer 20, Montpelier, VT 05620-0501.

Entity Tax Year Beginning M M Y Y Y Y	Entity Tax Year Ending M M Y Y Y Y	Entity primary 6-digit North American Industrial Classification System (NAICS) No.
Entity Name		Federal ID Number
Mailing Address	City or Town	State Zip Code
Contact Person Name	Title	Phone Number Fax Number E-mail
Location of Project (Street Address or Other Description)		

Full-Time Employment Levels in Vermont

Report the average number of full-time employees in Vermont for each quarter of the tax year. *For purposes of this form, a full-time employee is defined as an employee who works no less than 37 hours each week.*

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1a. Period covered (Months & Year)				
1b. Number of full-time VT Employees				

2. Report average annual full-time VT employment for this tax year (average of the four quarters above). **2.** _____

3a. During the first six years after the beginning of the EATI authorization, what was the highest average annual full-time Vermont employment, using the same calculation method as above? **3a.** _____

3b. In which tax year did this occur? **3b.** _____

4. What was the lowest number of full-time employees in Vermont for any 120-consecutive-day period that ended during this tax year? **4.** _____

If Line 4 is less than 75% of Line 3a, you must notify the Vermont Economic Progress Council within 60 days of the 120-consecutive-day threshold, and report the recapture on the Vermont Income Tax Return for the tax year in which the 120-consecutive-day threshold occurred. Refer to 32 V.S.A. §5930h for details.

Signature



Under penalties of perjury, I declare this report and all documents attached in support of this report, are true, correct, and complete to the best of my knowledge and belief.

Entity Officer Signature	Title	Date
Printed Name	Phone	E-mail